FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL					
OMB NUMBER:	3235-0076				
Expires:	April 30, 2008				
Estimated average burden	-				
hours per response	16.00				

	SEC USE ONLY
Prefix	Serial
	DATE RECEIVED

Name of Offering (: heck if this is an amendment and	d name has changed, and indicate change.)			PROCESSE
Series B Convertible Preferred Stock			SEC	APR 1 8 2008
Filing Under (Check tox(es) that apply): □ Real Type of Filing: ■ New Filing □ Amendment	ule 504 □ Rule 505 ■ Rule 506 □ Section	4(6) 🗆 ULOE Wai	Processing Section	ETHOMSON
	A. BASIC IDENTIFICATION DATA	, APF	116000	TIVAIVOIAL
Enter the information requested about the issuer			· · · · · · · · · · · · · · · · · · ·	
Name of Issuer (check if this is an amendment and n	ame has changed, and indicate change.)	Wes	shington, DC	
CorcStreet, Ltd.			101	
Address of Executive Offices (Number and Street	t, City, State, Zip Code)	Telephone Number	(Including Area	Code
One Alewife Center, Suite 200, Cambridge, MA 02	140	617-661-3554		
Address of Principal Business Operations (if different from Executive Offices)	Number and Street, City, State, Zip Code)	Telephone Numbe		
Brief Description of Business:				3046828
Provider of authorization and validation technology	,		UC	30400
Type of Business Organization				
corporation [☐ limited partnership, already formed	☐ other (please spe	∞ify):	
□ business trust □	□ limited partnership, to be formed			
Actual or Estimated Dete of Incorporation or Organizat Jurisdiction of Incorporation or Organization: (Enter tw				

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 USC 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires a payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

 Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 								
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	■ Executive Officer	■ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)								
Bundariah Chuis								
Business or Residence Address	(Number and	Street, City, State, Zip Co	de)					
c/o CoreStreet, Ltd., One Alewife Center, Suite 200, Cambridge, MA 02140								
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	■ Executive Officer	□ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)								
Business or Residence Address	(Number and	Street, City, State, Zip Co	da)					
Business of Restucine Address	(remoer and :	oneci, eny, siate, zip co	uc)					
c/o CoreStreet, Ltd., One Alewife Cente	er, Suite 200, Ca	ambridge, MA 02140						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)								
McGeachie, John								
Business or Residence Address	(Number and S	treet, City, State, Zip Coo	le)					
	•	•	,					
c/o CoreStreet, Ltd., One Alewife Cente								
Check Box(es) that Ap, by:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)								
Weintz, Karl								
Business or Residence Address	(Number and S	Street, City, State, Zip Coo	le)					
ala CaraStraat I td. One Alemifa Cant	w Suita 200 C	mbridge MA 02140						
c/o CoreStreet, Ltd., One Alewife Center Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if individual)	D I TOTAL	a belieficial owner	E LACCHITC Officer	<u> </u>	D Ocheral and of Managing Farther			
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Gennari, James								
Business or Residence Address	(Number and	Street, City, State, Zip Co	de)					
c/o CoreStreet, Ltd., One Alewife Cente	er, Suite 200, Ca	ambridge, MA 02140						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)				·				
Deep And								
Business or Residence Address	(Number and	Street, City, State, Zip Co	de)					
	`	•	,					
c/o POD Holding, L.P., 18 Newbury Str	eet, Box 939, B							
Check Box(es) that Apply:	☐ Promoter	□ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)								
Pontin, Johan								
Business or Residence A ldress	(Number and	Street, City, State, Zip Co	xde)					
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c/o POD Holding, L.P., 18 Newbury Str Check Box(es) that Apply:			- F	- D'	a Constant Control			
Full Name (Last name first, if individual)	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner			
run Name (Last hame mst, it individual)								
Burton, John								
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)					
c/o Updata Venture Partners II, L.P., 2	100 Poston Por	bway Suita 430 Pastan	VA 20101					
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner			
Full Name (Last name fir. t, if individual)		_ Deliveration Control		- Director	_ John and v. manging (articl			
·		·						
Gross, Patrick	Δ1	Semat City State 21- 0	~da\					
Business or Residence Address	(Number and	Street, City, State, Zip Co	xiej					
c/o CoreStreet, Ltd., One Alewife Cente	er, Suite 200, C	ambridge, MA 02140						

A. BASIC IDENTIFICATION DATA

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 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 							
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner		
Full Name (Last nam: first, if individual)				<u> </u>			
Libin, Phil							
Business or Residenc: Address	(Number and S	Street, City, State, Zip Co	de)				
of Course and One Alerifi Control	Ctt. 200 C.	_L_:J B#A 02140					
c/o CoreStreet, Ltd., One Alewife Cente Check Box(es) that Apply:	r, Suite 200, Ca	■ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner		
Full Name (Last name first, if individual)	B 1 TOMOTES		<u> </u>	<u> </u>	Constanting of Managing Farmer		
DOD BALL: - I B							
POD Holding, L.P. Business or Residence Address	(Number and S	Street, City, State, Zip Co	de)				
	•	, ,, , ,	,				
18 Newbury Street, Box 939, Boston, M. Check Box(es) that Apply:		■ Beneficial Owner	☐ Executive Officer	E Dimeter	Caral and de Manacia Datas		
Full Name (Last name first, if individual)	□ Promoter	Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner		
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Updata Venture Partners II, L.P. Business or Residence Address	(Number and S	treet, City, State, Zip Coo	la)				
Dustiness of Residence Financias	(Ivanioci and S	neet, eny, blate, zip eet	10)				
2100 Reston Parkway, Suite 430, Reston							
Check Box(es) that Apply: Full Name (Last name first, if individual)	□ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		
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Micali, Silvio	07 1 10	0. 0. 7. 6					
Business or Residence Address	(Number and S	treet, City, State, Zip Coo	16)				
c/o CoreStreet, Ltd., One Alewife Cente	r, Suite 200, Ca		<u> </u>				
Check Box(es) that Apply: Full Name (Last name first, if individual)	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner		
run Name (East name mst, a murvidual)							
Business or Residence Address	(1)	C C C C C C C C C C C C C C C C C C C	4.)	 -			
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Check Box(es) that Apply: Full Name (Last name first, if individual)	□ Promoter	☐ Beneficial Owner	Executive Officer	□ Director	☐ General and/or Managing Partner		
ruii Name (Last name ilist, ii individual)							
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Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if individual)							
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if individual)		•					
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if individual)							
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)				

B. INFORMATION ABOUT OFFERING													
								Yes	No				
1.	•									•			
Answer also in Appendix, Column 2, if filing under ULOE.									£/				
2. What is the minimum investment that will be accepted from any individual?									\$ <u>n/a</u> Yes	No			
3.	Does	the offering	permit joint o	wnership of a	single unit?.				(***********		***************************************	=	_
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full		(Last name f	irst, if individ	ual)	<u>-</u>								
		Desides	Address (Norm	han and Steam	City State	Zin Codo)							
Busii	ness o	r Residence /	Address (Num	ber am Suce	i, City, State	, Zip Code)							
Nam	e of A	ssociated En	oker or Dealer							· · · · · · · · · · · · · · · · · · ·			
State	s in w		Listed Has So										
		(Check "All	States" or ch	eck individual	l States)	************				• • • • • • • • • • • • • • • • • • • •		All States	
4]_ []_ []_ []_	IL] MT]	_ [AK] _ [IN] _ [NE] _ [SC]	_ [AZ] _ [IA] _ [NV] _ [SD]	_ [AR] _ [KS] _ [NH] _ [TN]	_ [CA] _ [KY] _ [NJ] _ [TX]	_ [CO] _ [LA] _ [NM] _ [UT]	_ (CT) _ [ME] _ [NY] _ [VT]	_ [DE] _ [MD] _ [NC] _ [VA]	_ [DC] _ [MA] _ [ND] _ [WA]	_ (FL) _ [MI] _ [OH] _ [WV]	_ [GA] _ [MN] _ [OK] _ [WI]	_ {HI] _ [MS] _ [OR] _ [WY]	_ [ID] _ [MO] _ [PA] _ [PR]
Full	name ((Last name f	irst, if individ	ıal)			•••						
Busi	ness o	r Residence	Address (Nu	mber and Stre	eet, City, Sta	te, Zip Code)						
Nam	e of A	ssociated En	oker or Dealer										
State	s in w	hich Persor	Listed Has So	licited or Inte	nds to Solici	t Purchasers							
		(Check "All	States" or ch	eck indiviđual	l States)							All States	
	IL] MT]	_ [AK] _ [IN] _ [NE] _ [SC]	_ [AZ] _ [IA] _ [NV] _ [SD]	_ [AR] _ [KS] _ [NH] _ [TN]	_ [CA] _ [KY] _ [NJ] _ [TX]	_ [CO] _ [LA] _ [NM] _ [UT]	_ [CT] _ [ME] _ [NY] _ [VT]	_ [DE] _ [MD] _ [NC] _ [VA]	_ [DC] _ [MA] _ [ND] _ [WA]	_ [FL] _ [Mi] _ [OH] _ [WV]	_ [GA] _ [MN] _ {OK] _ [WI]	_ [HI] _ [MS] _ [OR] _ [WY]	_ [ID] _ [MO] _ [PA] _ [PR]
Full	Name	(Last name i	first, if individ	ual)									
Busi	ness o	r Residence	Address (Nu	mber and Stre	eet, City, Sta	te, Zip Code)					···	· · · · · · · · · · · · · · · · · · ·
Nam	ne of A	ssociated Br	oker or Dealer	•									
State	es in w	hich Person	Listed Has So	licited or Inte	nds to Solici	t Purchasers				<u></u> .		····	
		(Check "Ai	l States" or ch	eck individua	l States)	,				••••••		All States	
- [/] _ [] _ [] _	IL) MT)	_ [AK] _ [IN] _ [NE] _ [SC]	_ [AZ] _ [IA] _ [NV] _ [SD]	_ [AR] _ [KS] _ [NH] _ [TN]	_ [CA] _ [KY] _ [NJ] _ [TX]	_ [CO] _ [LA] _ [NM] _ (UT)	_ [CT] _ [ME] _ [NY] _ [VT]	_ [DE] _ [MD] _ [NC] _ [VA]	_ [DC] _ [MA] _ [ND] _ [WA]	_ [FL] _ [MI] _ [OH] _ [WV]	_ [GA] _ [MN] _ [OK] _ [WI]	_ [HI] _ [MS] _ [OR] _ [WY]	_ [ID] _ [MO] _ [PA] _ [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Erter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate Offering Price	Amount Aiready Sold
	Type of Security		
	Debt	s	s
	Equity	\$ 1,499,997.82	\$1,499,997.82
	□ Common ■ Preferred		
	Convertible Securities (including warrants)	s	s
	Partnership Interests	s	s
	Other (Specify _)	\$	<u>s</u>
	Total	\$1,499,997.82	\$1,499,997.82
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number of Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	3	\$ <u>1,499,997.82</u>
	Non-accredited Investors		S
	Total (for filings under Rule 504 only)	<u> </u>	\$
	Answer also in Appendix, Column 4, if filing under ULOE		<u> </u>
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first cale of securities in this offering. Classify securities by type listed in Part C – Question 1.	Type of Security	Dollar Amount Sold
	Type of offering	Security	Suid
	Rule 505		\$
	Regulation A		\$
	Rule 504		s
	Total		2
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	0	s
	Printing and Engraving Costs	0	s
	Legal Fees	•	\$ 60,000
	Accounting Fees	_	\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		s
		o	J
	Other Expenses (identify)		2
	Total	_	S 60,000

	Enter the difference between the aggregate off I and to; it expenses furnished in response to Pari "adjuster grass priceeds to the Issuer."	\$.	\$ <u>1.439.997.82</u>					
5	ledicate below the amount of the adjusted gross p for each of the purposes shown. If the amount for and obeset the box to the left of the estimate. The adjusted gross proceeds to the issuer set forth in a	ony purpose is not known, furnish a total of the payments listed must equ	n estimate at the					
				Payments to Officers, Directors, & Affiliates		Puyments To Others		
	Salaries and fees	arangarif(8000, otot)	۵	5	, ,	\$		
	Purchasa of real estate	marka dipantahan sarama mamagrapag diri telah melags	ដ	\$	3	s		
	Parchese, rental or leasing and legialization of mac	hings and equipment	C [†]	s	Œ	S		
	Construction or leasing of plant buildings and fac	ilities separate apparate apparate	o	5	o	\$		
	Acquisition of other hasiness (including the value that may be used in exchange for the assets or see							
	(Herech)	Sample and Provide Language in Street SECCEPT STREET, SECONDARY STREET,	a	\$	ū			
	Repsyment of indebtedness.	gammagannyangan, kantang pangangan salah basa dan basa kantan	E	\$. 1	\$		
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	**************************************	dagga durydraus erga ->		\$	a	2		
	Column Totals	s on the work that the think the country the or the country and the country of th	•	50	₩.	\$ <u>[.439,997,82</u>		
	Total Payments Listed (column totals added)	айларуу г итег сынд а <i>мын</i> өрүүлөн 5 5 жүзүү бү өрүүү үгин өз ч ч чүг		■ \$ <u>1,439,997,82</u>				
		D. FEDERAL SIGNA	TURE.					
					_			
123	e issuer has duly caused this notice in be signed by to undertaking by the issuer to farmish in the U.S. Secu s-accredited investor pursuant to penggraph (b)(2) of	fines and Evehange Commission, up	n. If this notice t in written request	s filed under Rule 195, the of its staff, the information	following n furnishe	signature constitutes. 1 by the issuer to any		
las	uer (Prant or type)	Signature 1 4 4		Dute				
	reStreet, Lit.	Signature Jame J. &	thai	March 21, 2003		· · · · · · · · · · · · · · · · · · ·		
Na	me of Signer (Frant or Type)	Title of Signer (Print or Type)						
Jai	mes L. Gennari	Chief Financial Officer						
•								

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (Sec. 18 U.S.C. 1001.)

ESHARS COATEN

